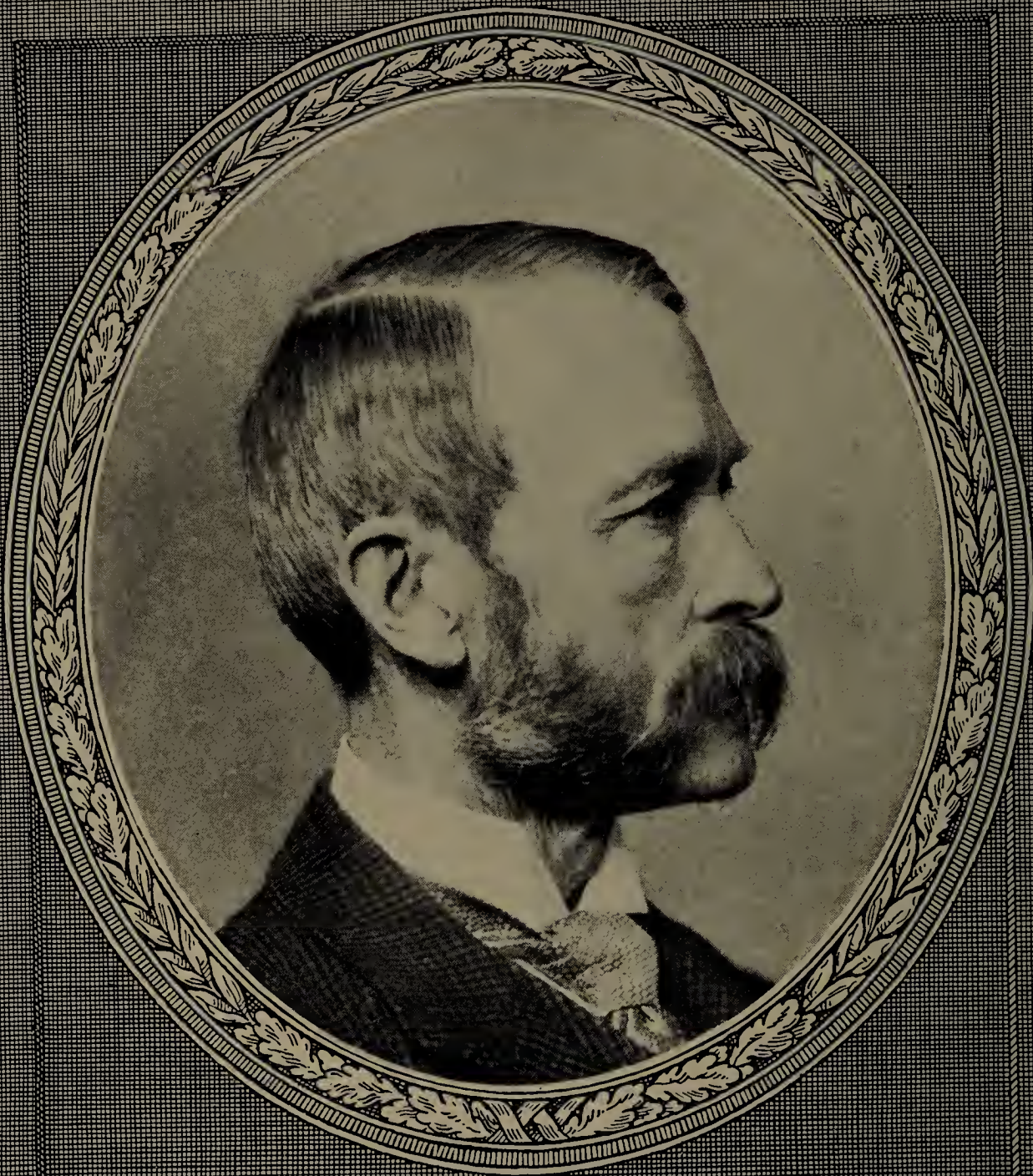


DAVID WILLIAMS CHEEVER

By **DAVID CHEEVER, M.D., F.A.C.S., Boston**



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1831-1915

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I AM glad to have the opportunity of presenting a biographical sketch of one of New England's great surgeons. When I first went to Boston as a young man in surgery, I had the pleasure of attending Dr. Cheever's lectures and clinics, where I learned lessons of enduring value. Dr. Cheever was a quiet, modest man, at once a brilliant operator and a precise, sound, and conscientious surgeon. He made notable contributions to science which surgeons of this generation do well to study. His lectures, which have been reprinted, are as readable and as much to the point today as when they were first issued in 1894. They present in graphic language a sequence of events in pathological conditions that give insight not only into the character of disease and its effect on the patient, but also its relation to surgical conditions in general. W. J. MAYO.

THE Harvard Medical School, and the science and art of surgery in New England were widely influenced during the last third of the nineteenth century by David Williams Cheever. He was of Puritan stock, descended through a line of ministers, teachers, and doctors from Ezekiel Cheever who came from Canterbury, England in 1637, taught school for 70 years in Boston and vicinity and became one of the earliest and the most famous of the masters of the Public Latin School. Four of these ancestors were graduates of Harvard College and two were physicians—his grandfather Abijah Cheever of Boston, a surgeon in the Revolutionary War, and his father Charles Augustus Cheever, who in a small New England town practiced medicine and surgery, attracted students and with them dissected cadavers in his attic, prepared skeletons and wax injections, and did novel operations after reading descriptions in the scanty literature of the period and practicing on what material he could obtain.

The son was born in Portsmouth, New Hampshire, November 30, 1831. His life was that of the average New England boy. He remembered helping his father in surgical emergencies before the days of anæsthesia. He graduated from Harvard College in 1852, still uncertain as to his career, since his father opposed medicine and he himself leaned toward a literary calling. In this doubt an opportunity to study and travel on the Continent presented itself, and association with American medical students in their hospital visits brought the realization

that only medicine would satisfy him. He returned and plunged into the Harvard Medical School. Let those who insist on prolonged and rigid pre-medical requirements take note that this man would probably have been lost to medicine if early decision had been necessary!

Picture a leading medical school of 1856. Attendance at three courses of lectures was required—each course consisting of five lectures a day for 4 months. The clinical work consisted of “walking the wards” of the Massachusetts General Hospital once a week in medicine, and once in surgery, and of attending a day of showy public operations. In the remaining 8 months the student attended extramural lectures or apprenticed himself to a practicing doctor, or loafed or worked at other things. The next year the same course of lectures was repeated, and the next; then a perfunctory examination and a degree. There was no laboratory work except in anatomy and that was not required, but the earnest student could dissect the three parts assigned to him and bargain and dicker for more. Four of the eight professors attracted Cheever: Storer in obstetrics, Clarke in materia medica, Henry J. Bigelow in surgery, but pre-eminently Oliver Wendell Holmes in anatomy. To the latter—witty, brilliant, scholarly—he gave allegiance and he dissected and dissected and dissected. Holmes noticed him, to his later advantage, as we shall see.

Four opportunities each year for interne service were available—two as medical and two as surgical “house pupils” at the Massachusetts General Hospital. Appointment was not by examination but by solicitation of the trustees. Was it likely that a country boy without influence or friends would be chosen? Cheever thought not, and his soul rebelled at possible rejection without trial. He apprenticed himself to the physician of the State Almhouse Hospital on an island in Boston Harbor for a year, and a panorama of the needy, destitute, and criminal sick passed before him, affording a mixture of general medicine, obstetrics, a little surgery, the care of children, contagious diseases, skin diseases, and venereal infections. He compounded medicines, improvised apparatus, and was given a free hand with privilege of reference to his chief when he wished. It was good preparation for general practice.

So he hung out his modest shingle in Boston, waited 2 weeks for his first patient, and collected four hundred dollars the first year. He kept the pot boiling by writing essays for the *Atlantic Monthly* and the *North American Review*; he accepted the position of physician to the small-pox hospital during an epidemic and conducted it with as little as possible publicity among his patients and friends. And Oliver Wendell Holmes remembered the zealous dissector of the class of 1858, and when the demonstratorship of anatomy became vacant he offered it to him. Thus began 33 years of teaching in the Harvard Medical School.

For 8 years he labored hard at the demonstratorship, making all of the lecture dissections for Holmes, revolutionizing the teaching in the dissecting room, and

instituting competitive dissections and quizzes over the cadaver to quicken a dead subject. This constant work on the cadaver turned his mind to operative surgery which he diligently practiced, but without much chance to apply it on the living, as he had no hospital appointment. The Civil War found him with a wife and small children dependent on his daily work. He gave what service he could as acting assistant surgeon in Washington. Army medical inspectors detailed to protect the wounded from the attentions of unskilled and over-confident surgeons, appraised his work and offered him the control of a large hospital, which had to be refused.

In 1864 when he was 33 years of age, surgical opportunity knocked at his door and found him prepared. He was appointed surgeon to the new Boston City Hospital, the youngest member of the staff. On June first the hospital opened its doors, and on that day Cheever did the first operation in the theater under the dome. It was an excision of an extensive epithelioma of the lips and cheek. There was no antisepsis or asepsis, no clinical thermometer, no hypodermic syringe. But the frequent dressings were with chlorinated soda—a pretty good antiseptic! The silk ligature on the facial artery came away on the sixteenth day and the patient recovered.

There followed 50 years of service to the hospital as visiting surgeon and consultant, which constituted the most important single factor in establishing its high reputation among similar institutions. Cheever had a high ideal of the obligations of the hospital clinician to the community and to the profession. The surgical staff under his leadership worked like demons to secure a place in the sun. He reported cases, conducted voluntary clinics and ward visits for students and doctors, and instituted Sunday conferences for all members of the staff. Competitive examinations for house officers were introduced, a much-needed reform in Boston. Medical and surgical reports were issued, edited for 25 years by Cheever and a medical associate. He called these the history of his professional life. It was difficult to attract students because the vested interests at a rival and already venerable hospital monopolized the teaching hours. But students are apt to be independent and seek knowledge wherever it may be obtained. The demonstrator became assistant professor of anatomy, and gave courses in regional anatomy. The Czar of surgical Boston objected that such courses were the prerogative of the surgical department (though no one had thought of giving them before!) and stopped them with no light or courteous hand. Result: resignation, investigation by the Faculty, revelation, reinstatement and promotion to the position of adjunct professor of clinical surgery, with opportunities to give didactic lectures at the school, clinical lectures at the hospital, courses in regional anatomy, and to have a seat in the Faculty. Thus always may humiliation come to him that cannot brook an honorable young rival!

Those were great days. The chair of clinical surgery was established in 1875, and Cheever was its first incumbent. He established the weekly conference, a clinical report by a student with references to the history and literature of the subject, read before the assembled class and teachers. Henry J. Bigelow gave the didactic lectures in surgery, Cheever gave the clinical instruction. In 1882, on the resignation of Bigelow, Cheever was appointed professor of surgery in Harvard University—the pinnacle of surgical preferment in New England. In 1893, at the age of 62, fearful lest the years might impair his efficiency without his knowledge and mindful of this calamity among some of his senior colleagues, he resigned the professorship, to which succeeded J. Collins Warren. As emeritus professor he gave special instruction at the request of the students; he continued at the City Hospital in the rôle of consultant, and in 1903, at the age of 72, he did his last surgical operation.

During these years Cheever was a leader in New England medicine and his reputation was international. He originated some operations, and introduced others to this community. He was the first in America to remove foreign bodies from the gullet by œsophagotomy and his monograph on the subject is a classic. Now the operation is nearly discarded, since electrical illumination permits removal without incision. He did cæsarean section,—perhaps the first in New England. He had the first two consecutive successful ovariectomies in Boston, before the days of antisepsis. He did plastic displacement of the upper jaw for removal of pharyngeal tumors, he removed the malignant tonsil by external incision, he worked hard to perfect Wood's operation for the radical cure of hernia. He was well known abroad;—Ollier of Lyons corresponded with him about subperiosteal excision of long bones; Reginald Harrison of London about impermeable stricture; Holmes of St. George's Hospital about excision for coxalgia; Billroth of Vienna about the tonsil; John Wood of London about hernia. He became a foreign member of the Paris Society of Surgery.

It is hard for us to realize the handicaps under which this work was done. Anæsthesia was imperfect. There was no antisepsis or asepsis, no catgut ligature, no roentgen ray, no electrical illumination of cavities. Pyæmia, septicæmia, erysipelas, and hospital gangrene stalked like spectres through hospital wards.

Then came Lister's beneficent gift, and the whole aspect of surgery changed. As was said by a disciple, Lucas-Championnière: "Surgery has only two periods; first, that before Lister, and second, that since Lister." The new era found Cheever at the height of his powers and receptive, as always, to progressive ideas. He adopted Listerism—first the carbolic solution and wound irrigation, catgut ligatures, and then the carbolic spray under which the surgeon worked until his head ached and his hands became numb and even his urine bloody from the renal irritation. Then asepsis supplemented antisepsis, and the tremendous field of elective surgery, especially of the great body cavities was added to the older im-

perative work. Thus Cheever in his long life touched three great epochs: as a youth he helped his father operate before anæsthesia; in his early prime he struggled with wound infection before the days of Lister, and in his maturity he enjoyed the security and certitude of healing conferred by Lister's gift to humanity.

His operative work was based on painstaking preliminary study and diagnosis, well-nigh perfect knowledge of anatomy, familiarity with gross pathology, and careful review beforehand of every step and anticipation of every complication. Let the event be what it might, it found him ready. His manual dexterity was average; he himself did not think he excelled as an operator. He was imperturbable, steady, unruffled, but these qualities were due to iron control of a sensitive and high-strung temperament. His policy was of wise preparedness. "His foresight and forethought prevented mistakes, inspired confidence and insured favorable results." His wide experience in general practice gave him breadth of view and depth of judgment.

Thirty-three classes of Harvard medical students delighted in his teaching which after all was the field where he was unrivalled. Perhaps the genius of the old Master of the Public Latin School in Boston was dominant again in him. The demonstration of an anatomical dissection, of an operation, of a clinical problem or the conduct of a ward visit, were to him prized opportunities to teach his precious art to others. The didactic lecture—now justly disparaged in its usual form, was in his hands an important and acceptable instrument of teaching. It was carefully prepared beforehand, but delivered extemporaneously in short crisp sentences of Anglo-Saxon English, wholly without theatrical effect, but lucid, comprehensive, logical. Its principles and epigrammatic precepts remained fixed in the student's mind and guided his later practice. A young graduate, versed in short-hand took down the lectures as delivered, and later, with none but minor corrections, they were published in book form as *Lectures in Surgery*. In medical education he staunchly supported President Charles W. Eliot in raising pre-medical requirements, establishing a graded four-year course, and developing clinical teaching.

Cheever felt strongly the obligations of the physician to the community. His steady purpose is expressed in a reminiscent sentence from his pen: "I have tried to advance our profession." He wrote, lectured, published, supported medical societies, and actively abetted all measures looking toward the health of the community and the dignity and high standing of the medical profession. He fought quackery and medical imposture in all their forms. He helped dethrone the notorious coroner system in Massachusetts, worked for privileged medical communications, and frequently appeared before legislative bodies. He was president of most of the local medical organizations, including the Massachusetts Medical Society, and was the seventh president of the American Surgical Asso-

ciation, in 1888. For 12 years he served on the board of overseers of Harvard College. He was a member of the American Academy of Arts and Sciences, and an honorary member of the Philadelphia College of Physicians and other societies, and a foreign member of the Society of Surgery of Paris.

The personal impression made by Cheever was of a tall, slender, slightly stooping man, with reserved and somewhat grave demeanor, but with ready and responsive smile. Intellectual and moral vigor dwelt in a rather delicate physical tenement which he preserved by daily exercise and a mode of life temperate in everything but work. He revelled in the opportunity to dwell with Nature in his vacation and when fatigue and responsibility vanished he was light hearted and witty. With increasing leisure in later years he enjoyed travel, visiting the scenes to which his reading had introduced him. He succeeded in medicine because he loved his profession above all else but his family circle; he concentrated upon it during his active years all that he had of talent and energy. He loved especially the human elements of his calling—patients, students, nurses, colleagues, and though his manner was reserved and undemonstrative, it did not long conceal his warmth of feeling from those about him. His character and personality inspired respect, admiration and affection. His qualities and attributes and tastes were thoroughly human, but perfectly disciplined to serve useful ends.

In the leisure of advancing years, with undimmed faculties but failing physical powers, he turned again to intimacy with Nature, and to the company of favorite books. In 1915, two months before his death an honorary fellowship in the American College of Surgeons was conferred on him. Of this scene, Warren wrote: "And when at the recent convocation the honorary degree was conferred upon him, and I saw him for the last time, in the robe of the order, he seemed to me to have come into his own again. The sombre folds of the academic gown served as a fitting setting to the grave and intellectual features of the man, and while, during a pause in the proceedings arranged to allow him to retire, he passed slowly down the aisle, leaning upon a proffered arm, his assembled colleagues rose as one man to do him honor as a recognized leader in their chosen profession."

